



# The Armidale Bushwalking Club inc.

PO Box 1772  
Armidale NSW 2350  
Australia

Email: turton37@bigpond.com  
www.bushwalking.org.au/~armidale

## Adult Membership Application Form

(See attached under 18 form)

Last Name \_\_\_\_\_ Title: \_\_\_\_\_

Given Names \_\_\_\_\_ d.o.b (opt) \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Town/Suburb \_\_\_\_\_ State \_\_\_\_\_ PCode \_\_\_\_\_

Phone h: \_\_\_\_\_ w: \_\_\_\_\_ m: \_\_\_\_\_

Email: \_\_\_\_\_

I have a first aid certificate  I am willing to lead a walk  I want to do a first aid course

### Membership Options

(Membership includes insurance and affiliation fees with The Confederation of Bushwalking Clubs NSW Inc)

First Family member -\$25

Additional Family Member -\$15

Name of first family member \_\_\_\_\_

- Additional family members are financial only if the first family member is financial.
- A separate form needs to be filled out for each family member
- Membership renewal fees fall due on 1st January every year.

### Payment Options

Cash  Cheque  (please make cheques payable to the Armidale Bushwalking Club)

### Liability Waiver Declaration

In voluntarily participating in any activity of The Armidale Bushwalking Club, I am aware that this may expose me to risk that could lead to injury, illness or death or to loss of or damage to my property. Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion.

To minimise these risks I will endeavour to ensure :

- That any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for the activity.
- I agree to advise the activity leader if I am taking any medication or have any physical or other limitations that might affect my participation in the activity.
- I will make every effort to remain with the rest of the party during the activity and accept the instructions of the leader of the activity.

I have read or heard and understand these requirements; I have considered the risks before choosing to sign this form. I still wish to participate in the activities of The Armidale Bushwalking Club I accept that in signing this form I am waiving my rights to sue the leader, the club & other participants. I agree that any contract arising from my participation will exclude any liability arising from the supply of goods and services by the club leaders.

Signature \_\_\_\_\_ Date \_\_\_\_\_